

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

BECHTEL INFRASTRUCTURE CORPORATION

SCC ID NO: **F1270539**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 BEALE ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DONALD W MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94119-3965		
NAME:	MAZIN I AL-MUFTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	MUKUL BHUSHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	JEFFREY J BRUNETTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	JOSEPH J COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

NAME:	JAMES W DELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	CHRISTOPHER J DERING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	CAROL B DUKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PR VP /SEC		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-3965		
NAME:	CHARLES E HARRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	GEORGE B MORSCHAUSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	FRANK G TURPIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	GARY R ABERNATHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	GARRY B AICKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	BRUCE E BITNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	KIMBERLEY C SCHAFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

NAME:	KEVIN C LEADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	NELLIE LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	JOHN K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	PEGGY H RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94119-3965		
NAME:	MICHAEL A ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	MICHAEL C BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	PETER A DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	WALKER S KIMBALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	SCOTT J OGILVIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	M. ANETTE SPARKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES Q HICKS VICE PRESIDENT PO BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J LEWIS VICE PRESIDENT PO BOX 193965 SAN FRANCISCO, CO 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT EDWARD LEWIS VICE PRESIDENT PO BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY A ALLMAN ASST SECRETARY PO BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS L JEW ASST SECRETARY PO BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRENCE P MCGEE ASST SECRETARY PO BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PEGGY H RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H RESTIVO, ASST CONTROLLER PRINTED NAME AND CORPORATE TITLE	9/30/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			